

## AGREEMENT FOR BURIAL OF CREMATED REMAINS

*PRIVACY ACT NOTICE: The information requested on this form is required to permit a burial in a national cemetery under Chapter 24, Title 38, United States Code. The information may be disclosed outside the VA as permitted by law, or as stated in the "Notices of Systems of VA Records" which have been published in the Federal Register in accordance with the Privacy Act of 1974. Failure to provide the required data may result in denial of the interment.*

*This agreement made this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_,*

*by \_\_\_\_\_, witnesseth.*  
(Name of legal next of kin or authorized representative)

*I hereby agree to have the cremated remains of \_\_\_\_\_*  
(Name of deceased)

*interred in Section \_\_\_\_\_, Grave No. \_\_\_\_\_, in the \_\_\_\_\_*  
*National Cemetery.*

*I fully understand that this grave is suitable for burial of cremated remains only and will not accommodate casketed remains. In the event that my remains or the remains of an eligible dependent are not cremated and a casketed burial is requested, the cremated remains of \_\_\_\_\_ will be relocated to a gravesite wherein the casketed remains are placed. I authorize the Director of the national cemetery to relocate the cremated remains to this regular gravesite.*

*It is further understood that if this cemetery is in a closed status and there are no available gravesites for casketed remains, all subsequent interments will be accepted only if inurned.*

*In presence of:*

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature of witness)

\_\_\_\_\_  
(Printed name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)